GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1731
ANSWERED ON:25.11.2016
Healthcare in India
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that underlying reasons for increase in diseases and poor health in India is due to low spending and skewed priorities and if so, the reasons therefor;

(b) whether the Government is aware that in India healthcare expenditure is around 1.4 per cent of GDP, if so, the details thereof;

(c) the efforts have been made in the last three years to increase the healthcare spending in the country with alarming rate of growth in diseases;

(d) the total expenditure incurred on rural health by the Centre in the last three years;

(e) the steps taken to improve access to healthcare in tribal and mountainous regions;

(f) the details of State allocations for health across India and ranking of States in terms of health budget and public healthcare; and

(g) whether the Government has any policy towards universal health, if so, the details thereof?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(ANUPRIYA PATEL)
(a): Various factors like low levels of education, lack of environmental sanitation and safe drinking water, under-nutrition, poor housing conditions, tobacco consumption, poverty, unemployment, unhealthy lifestyle etc. impact health.
The delivery of health care largely rests with the States, Health being a state subject. The allocation of funds to health sector inter-alia is dependent on the overall resource availability of the Government, competing sectoral priorities, as also the absorptive capacity of the system.
(b): As per Economic Survey 2015-16, the expenditure by Government (Central and State Governments combined) on health as percentage of Gross Domestic Product (GDP) for 2015-16 (BE) was 1.3 per cent.
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(c) As per 12th Five Year Plan document, total public funding by the Centre and States, plan and non-plan, on core health is envisaged to increase to 1.87 per cent of GDP by the end of the Twelfth Plan. The Draft National Health Policy 2015 envisages raising public health expenditure progressively to 2.5% of the GDP.
(d): The allocation to States/UTs under National Health Mission by Centre Government for last three years is as under :
(i) 2013-14 - Rs. 19,989.01 Crore
(ii) 2014-15 - Rs. 19,132.72 Crore
(iii) 2015-16 - Rs. 16,213.09 Crore
(e): To improve access to healthcare in tribal and hilly regions, the Government under National Health Mission has taken several steps which inter-alia include:
â€¢ All the North Eastern States which have a high tribal population and other hilly states get funds under NHM from Government of India in the proportion of 90 (GoI Share):10 (State Share) as against share of funding in the ratio of 75:25 between Government of India and non-North Eastern States and non-hilly States.
â€¢ Relaxed norms for setting up of health facilities.
â€¢ Strengthening of Sub- Centre.
â€¢ Relaxed Norms for treatment of Specific Diseases
â€¢ Incentives are provided to health personnel serving in remote, underserved and tribal areas.
â€¢ Relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in Tribal/hilly and difficult areas
â€¢ Relaxation of norms for setting up of sub-centres in difficult hilly areas by introducing a new norm of "Time to care". Under this norms, a sub centre can be set up within 30 minutes of walk from habitation.
(f): A statement showing allocation for health by the States/UTs for 2015-16(BE) ranked in descending order is annexed.
(g): Public health is a state subject. Under the National Health Mission, support is being provided to States/UTs to strengthen their healthcare systems to provide accessible, affordable and quality health care to all the citizens. Moving towards Universal Health

Coverage wherein people are able to use quality health services that they need without suffering financial hardship is a key goal of 12th Plan.
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